

	Trkg	Edit	DE 1	DE 2	Other
Date					
Initial					

PARTICIPANT ID:

**NORTHERN CALIFORNIA  
BREAST CANCER FAMILY REGISTRY  
RELATIVE QUESTIONNAIRE  
FEMALE**

CENTER ID:

FAMILY ID:

DATE OF DIAGNOSIS:

MO DAY YEAR

INTERVIEWER:

 \_\_\_\_\_

DATE OF INTERVIEW:

MO DAY YEAR

STARTING TIME OF INTERVIEW

AM 1  
HR MIN PM 2

TYPE OF INTERVIEW:

IN-PERSON 1 PHONE 2

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**SECTION A. BACKGROUND INFORMATION**

I would like to begin by asking for some background information about you and your family.

A1.	How old are you?	AGE		
A2.	What is your date of birth?	MO	DAY	YEAR
A3.	<b>IDENTIFY SEX OF PARTICIPANT</b>	MALE	1	
		FEMALE	2	
A4.	What was the <u>highest</u> level of education you completed? (SHOW CARD A, READ CHOICES)			
	Less than 8 years			1
	8 to 11 years, without high school graduation			2
	High school graduation			3
	Vocational or technical school			4
	Some college or university			5
	Bachelor's degree			6
	Graduate degree			7
	DK			9
A5.	Are you currently...	Married or living as married		1
		Widowed		2
		Divorced		3
		Separated		4
		Never married		5
		DK		9

A6. Which of the following choices best describes your race or ethnic background?  
(SHOW CARD B, CIRCLE AS MANY AS APPLY)

White, non Hispanic	1	
White, Hispanic	16	
African-American or Black, non Hispanic	2	
African-American or Black, Hispanic		17
Native American	3	
Chinese	4	
Japanese	5	
Filipino	6	
Hawaiian	7	
Korean	8	
Asian Indian or Pakistani	9	
Vietnamese	10	
OTHER (SPECIFY) _____		
_____		88
DK		99

☒ A7. In what country were you born? \_\_\_\_\_

**IF BORN IN U.S.: GO TO A10.**

**IF NOT BORN IN THE U.S.:**

☐ A8. In what year did you first come to live in the United States?

☐ A9. In total, how many years have you lived in the United States?

A10	In what country was your mother born?	_____
A11	Your mother's mother?	_____
A12	Your mother's father?	_____
A13	In what country was your father born?	_____
A14	Your father's mother?	_____
A15	Your father's father?	_____

A16. What was the first language you learned to speak?

English	1 GO TO A21.
Spanish	2
Chinese	3
Japanese	4
Tagalog	5
Vietnamese	7
OTHER (SPECIFY)	
_____	8

**IF ENGLISH QUESTIONNAIRE, GO TO A18.**

A17. Which of these choices best describes how well you speak English?

Well	1
Medium	2
Little	3
Not at all	4 GO TO A21.
DK	9

A18. When you are speaking with your spouse or partner, how often do you speak English? **(SHOW CARD C)**

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5
NO SPOUSE/PARTNER	8

A19. When you are speaking with your children, how often do you speak English?

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5
NO CHILDREN	8

A20. When you are speaking with your friends, how often do you speak English?

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5

A21. Which of the following religions were you born into? **(SHOW CARD D, READ CHOICES)**

Protestant	1	
Catholic		2
Buddhist	3	
Ashkenazi Jewish		4
Sephardic Jewish		5
Other or uncertain Jewish		6
Hindu		7
Eastern Orthodox		8
Muslim		9
Mormon	10	
Seventh Day Adventist		11
None		12

OTHER (SPECIFY)

\_\_\_\_\_ 13

A22 What religion was your mother born into?

OTHER (SPECIFY)

---

A23 Your mother's mother?

OTHER (SPECIFY)

---

A24 Your mother's father?

OTHER (SPECIFY)

---

A25 What religion was your father born into?

OTHER (SPECIFY)

---

A26 Your father's mother?

OTHER (SPECIFY)

---

A27 Your father's father?

OTHER (SPECIFY)

---

A28 What religion do you currently practice?

OTHER (SPECIFY)

---

## SECTION B. MEDICAL HISTORY

The next section asks questions about some illnesses you may have had.

B1. Has a doctor ever told you that you had cancer, leukemia or a malignant tumor?

YES 1  
NO 2 GO TO B9.  
DK 9 GO TO B9.

**IF YES:**

	CANCER #1	CANCER #2	CANCER #3
B2. What type of cancer did you have?			
B3. How old were you when this cancer was <u>first</u> diagnosed?			
	AGE	AGE	AGE
B4. In what year were you diagnosed with this cancer?			
B5. In what city and state were you diagnosed?			
B6. What is the name of the hospital or clinic where you were diagnosed?			

B7. What is the address of that hospital or clinic where you were diagnosed?			
B8. What is the name of the physician who made the diagnosis?			
<b>PROBE FOR OTHER CANCERS</b>			

B9. Has a doctor ever told you that you had benign breast disease, such as a non-cancerous cyst or breast lump?

YES	1
NO	2 GO TO B11.
DK	9 GO TO B11.

☐ **IF YES:**  
 B10. How old were you when this was first diagnosed? AGE

B11. Has a doctor ever told you that you had cysts in one or both ovaries?

YES	1
NO	2 GO TO C1.
DK	9 GO TO C1.

☐ **IF YES:**  
 B12. How old were you when this was first diagnosed? AGE

## SECTION C. SURGERIES AND MAMMOGRAMS

Now I have some questions about surgeries you may have had.

C1. Have you ever had a breast completely removed?

YES  
NO  
DK

1  
2 GO TO C5.  
9 GO TO C5.

### IF YES:

C2. Did you have your right or left breast removed?

RIGHT ONLY  
LEFT ONLY  
BOTH

1  
2  
3

C3. How old were you when you had your breast(s) removed?


RIGHT  
LEFT

AGE  
AGE

C4. Why was your breast(s) surgically removed?

Because of breast cancer or a  
suspicious lump in that breast

1

To prevent the development  
of breast cancer

2

OTHER (SPECIFY)

3

---

DK

9


RIGHT  
LEFT

C5. A breast biopsy is the removal of breast tissue by surgery for the purpose of making a diagnosis. Have you ever had a breast biopsy or lumpectomy that was diagnosed as cancer? Please do not include fine needle biopsy.

YES	1
NO	2 GO TO C7.
DK	9 GO TO C7.

**IF YES:**

☐ C6. How old were you when this was first done? AGE

C7. Have you ever had a breast biopsy that was diagnosed as benign breast disease, such as a non-cancerous cyst or a breast lump? Please do not include fine needle biopsy.

YES	1
NO	2 GO TO C9.
DK	9 GO TO C9.

**IF YES:**

☐ C8. How old were you when this was first done? AGE

C9. Did you ever have an ovary completely removed?

YES	1
NO	2 GO TO C13.
DK	9 GO TO C13.

**IF YES:**

C10. Did you have one or both ovaries removed?

ONE	1
BOTH	2
DK	9

☐ C11. How old were you when you had your ovary(ies) removed?

FIRST OVARY	AGE
SECOND OVARY	AGE

C12. Why was your ovary(ies) surgically removed?

Because of ovarian cancer 1

To prevent the development  
of ovarian cancer 2

OTHER (**SPECIFY**) 3

---

DK 9

☐  
☐

FIRST OVARY

SECOND OVARY

Now I have some questions about mammograms.

C13. A mammogram is an x-ray examination of the breast. Have you ever had a mammogram?

YES	1
NO	2 GO TO D1.
DK	9 GO TO D1.

**IF YES:**

☐

C14. How old were you when you had your first mammogram? AGE

C15. When did you have your most recent mammogram?

☐

MO DAY YEAR

C16. Where did you have your most recent mammogram?

HOSPITAL/CLINIC: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

☐

COUNTRY: \_\_\_\_\_

C17. How many mammograms in total have you had?

☐

## SECTION D. HEIGHT AND WEIGHT

The next questions are about your height and weight.

D1. How tall are you? FEET . INCHES

CMS

D2. What is your current weight? . LBS.

KGS

## SECTION E. ALCOHOL

Now I will be asking you about alcoholic beverages you may have consumed.

- E1. Have you ever consumed any alcoholic beverages, such as beer, wine, or liquor at least once a week for 6 months or longer?

YES	1
NO	2 GO TO F1.
DK	9 GO TO F1.

### IF YES:

- E2. At what age did you first start consuming alcoholic beverages at least once a week for 6 months or longer?

AGE

- E3. Are you currently consuming alcoholic beverages at least once a week?

YES	1 GO TO E5.
NO	2
DK	9 GO TO E5.

### IF NO:

- E4. At what age did you stop consuming alcoholic beverages at least once a week?

AGE

- E5. For how many years in total have you consumed alcoholic beverages at least once a week?

YEARS

- E6. When you consumed alcoholic beverages at least once a week, how many 12 oz. cans or bottles of beer did you usually have in a week?

- E7. When you consumed alcoholic beverages at least once a week, how many medium glasses of wine or wine coolers did you usually have in a week?

- E8. When you consumed alcoholic beverages at least once a week, how many shots of liquor did you usually have in a week?

## SECTION F. SMOKING

Now I have some questions about cigarette smoking.

F1. Have you ever smoked at least 1 cigarette a day for 3 months or longer?

YES	1
NO	2 GO TO G1.
DK	9 GO TO G1.

**IF YES:**

F2. At what age did you first start smoking at least 1 cigarette a day for 3 months or longer?

AGE

F3. Are you currently smoking at least 1 cigarette a day?

YES	1 GO TO F5.
NO	2
DK	9 GO TO F5.

**IF NO:**

F4. At what age did you stop smoking at least 1 cigarette a day?

AGE

F5. For how many years in total have you smoked at least 1 cigarette a day?

YEARS

F6. When you smoked at least 1 cigarette a day, how many cigarettes did you usually smoke in a day?

CIGARETTES  
PER DAY

## SECTION G. REPRODUCTIVE HISTORY

The following questions are about menstruation and the use of birth control pills and other hormonal contraceptives.

G1. Have you ever had a menstrual period?

YES	1
NO	2 GO TO G3.
DK	9 GO TO G3.

**IF YES:**

☐

G2. At what age did you have your first menstrual period? AGE

G3. Primary amenorrhea is the failure of menstrual periods to start naturally. Has a doctor ever told you that you had primary amenorrhea?

YES	1
NO	2 GO TO G5.
DK	9 GO TO G5.

**IF YES:**

☐

G4. How old were you when this was first diagnosed? AGE

G5. Have you ever used hormonal contraceptives, in the form of birth control pills, implants, or injections?

YES	1
NO	2 GO TO H1.
DK	9 GO TO H1.

**IF YES:**

G6. How old were you when you first started taking hormonal contraceptives?

AGE

G7. Are you currently taking hormonal contraceptives?

YES	1 GO TO G9.
NO	2
DK	9 GO TO G9.

**IF NO:**

G8. How old were you when you last took hormonal contraceptives?

AGE

G9. For how many years in total have you taken hormonal contraceptives?

IF LESS THAN 1 YEAR: CODE 0

YEARS

## SECTION H. PREGNANCY HISTORY

Now I'll be asking about your pregnancy history. Please include all live births, miscarriages, stillbirths, and other outcomes.

H1. Have you ever been pregnant?

YES	1
NO	2 GO TO H14.
DK	9 GO TO H14.

### IF YES:

☐ H2. How many pregnancies have you had?

☐ H3. How many live births have you had?

**IF NO LIVE BIRTHS, GO TO INTRODUCTION AFTER H6.**

☐ H4. How old were you when you had your first live birth? AGE

**IF ONLY 1 LIVE BIRTH, GO TO H6.**

☐ H5. How old were you when you had your last live birth? AGE

H6. Did you ever breast-feed a child for one month or longer?

YES	1
NO	2
DK	9

Now I would like to ask you about each pregnancy you have had.

	1ST PREGNANCY	2ND PREGNANCY	3RD PREGNANCY
H7. What was the outcome of your (first / next) pregnancy? <b>(SHOW CARD E)</b>  Single live birth 2 Multiple birth 3 Stillbirth 4 Miscarriage 5 Tubal or ectopic pregnancy 6 Induced abortion 7 Currently pregnant 1 DK 9			
H8. During what month and year (was your baby born / did this pregnancy end)?			
	MONTH YEAR	MONTH YEAR	MONTH YEAR
H9. How long was this pregnancy?  3 months or under 1 4 to 6 months 2 7 or more months 3 DK 9			
<b>IF <u>SINGLE</u> LIVE BIRTH OR STILLBIRTH:</b>  H10. Did you have a boy or a girl?  <b>IF <u>MULTIPLE</u> LIVE BIRTHS OR STILLBIRTHS:</b>  H11. How many boys or girls did you have?			
# of BOYS	# of BOYS	# of BOYS	
# of GIRLS	# of GIRLS	# of GIRLS	
<b>IF SINGLE OR MULTIPLE <u>LIVE</u> BIRTH(S):</b>			

H12. Did you breast-feed (this child / these children)?  <b>IF YES:</b> H13. For how many months did you breast-feed (this child / these children)? <b>(SHOW CARD F)</b>  <div style="display: flex; justify-content: space-between;"> <div>Under 1 month</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>1 to 5 months</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>6 to 11 months</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>12 to 24 months</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>over 24 months</div> <div>5</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DK</div> <div>9</div> </div>	YES	1	YES	1	YES	1
	NO	2	NO	2	NO	2
	DK	9	DK	9	DK	9

	4TH PREGNANCY	5TH PREGNANCY	6TH PREGNANCY
H7. What was the outcome of your next pregnancy? <b>(SHOW CARD E)</b>  <div style="display: flex; justify-content: space-between;"> <div>Single live birth</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Multiple birth</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Stillbirth</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Miscarriage</div> <div>5</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Tubal or ectopic pregnancy</div> <div>6</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Induced abortion</div> <div>7</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Currently pregnant</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DK</div> <div>9</div> </div>			
H8. During what month and year (was your baby born / did this pregnancy end)?			
	MONTH YEAR	MONTH YEAR	MONTH YEAR
H9. How long was this pregnancy?  3 months or under      1			



H9. How long was this pregnancy?			
3 months or under 1			
4 to 6 months 2			
7 or more months 3			
DK 9			
<b>IF <u>SINGLE</u> LIVE BIRTH OR STILLBIRTH:</b>			
H10. Did you have a boy or a girl?			
<b>IF <u>MULTIPLE</u> LIVE BIRTHS OR STILLBIRTHS:</b>	# of BOYS	# of BOYS	# of BOYS
H11. How many boys or girls did you have?			
	# of GIRLS	# of GIRLS	# of GIRLS
<b>IF SINGLE OR MULTIPLE <u>LIVE</u> BIRTH(S):</b>			
H12. Did you breast-feed (this child / these children)?	YES 1 NO 2 DK 9	YES 1 NO 2 DK 9	YES 1 NO 2 DK 9
<b><u>IF YES:</u></b>			
H13. For how many months did you breast-feed (this child / these children)? <b>(SHOW CARD F)</b>			
Under 1 month 1			
1 to 5 months 2			
6 to 11 months 3			
12 to 24 months 4			
over 24 months 5			
DK 9			

CONTINUATION PAGE USED:

YES  
NO

1  
2

H14. Have you ever taken a drug for infertility to try to become pregnant, or because your periods stopped?

YES  
NO  
DK

1  
2 GO TO J1.  
9 GO TO J1.

**IF YES:**

H15. How old were you when you first started to take this type of drug?

AGE

H16. For how many months in total have you taken this type of drug?

MONTHS

H17. Was the drug prescribed for infertility as part of GIFT, which means gamete intra-fallopian transfer, or as part of IVF, which means in vitro fertilization?

YES	1
NO	2
DK	9

H18. What are the names of the drugs you took? **(CIRCLE AS MANY AS APPLY)**

	YES	NO	DK
Clomid	1	2	9
Pergonal	1	2	9
Serophene	1	2	9
hCG	1	2	9
Other	1	1	9

**(SPECIFY)** \_\_\_\_\_

\_\_\_\_\_

## SECTION J. MENOPAUSE AND HORMONE REPLACEMENT THERAPY

The next section asks questions about your menstrual history and use of menopausal hormones.

J1. How long ago was your last menstrual period?

- |                    |   |                    |
|--------------------|---|--------------------|
| Less than 1 month  |   | 1                  |
| 1 to 6 months      | 2 |                    |
| 7 to 11 months     |   | 3                  |
| 1 year or more     |   | 4                  |
| Never had a period |   | 5 <b>GO TO J6.</b> |
| DK                 |   | 9                  |

J2. Have your menstrual periods stopped for 1 year or more? Please do not include times when your periods stopped because of pregnancy, breast-feeding, serious illness or strenuous exercise.

- |     |                    |
|-----|--------------------|
| YES | 1                  |
| NO  | 2 <b>GO TO J6.</b> |
| DK  | 9 <b>GO TO J6.</b> |

### IF YES:

J3. How old were you when you had your last menstrual period before your periods stopped for 1 year or more?

AGE

J4. Did your menstrual periods stop because of...

- |   |                    |
|---|--------------------|
| Natural menopause, which means that the periods stopped by themselves | 1 <b>GO TO J6.</b> |
| Surgery or other medical treatment                                    | 2                  |
| DK  | 9 <b>GO TO J6.</b> |

### IF SURGERY OR OTHER MEDICAL TREATMENT:

J5. What surgery or other medical treatment did you receive that made your periods stop? **(CIRCLE AS MANY AS APPLY)**

- |   | YES | NO | DK |   |
|---|-----|----|----|---|
| Hysterectomy, that is the removal of the uterus or womb | 1   | 2  | 9  |   |
| Removal of both ovaries                                 | 1   | 2  | 9  |   |
| Radiation or chemotherapy                               |     | 1  | 2  | 9 |
| Other   | 1   | 2  | 9  |   |
| <b>(SPECIFY)</b> _____                                  |     |    |    |   |

J6. Have you ever taken estrogen, progestin, or other female hormones for menopause?  
The preparation may be pills, injections, shots, skin patches, vaginal creams, or vaginal suppositories. Please do not include oral contraceptives or birth control pills.

YES	1
NO	2 GO TO J12.
DK	9 GO TO J12.

**IF YES:**

J7. How old were you when you first took estrogen, progestin, or other female hormones for menopause?

AGE

J8. Were you still having periods when you first took estrogen, progestin or other female hormones for menopause?

YES	1
NO	2
DK	9

J9. Are you currently taking estrogen, progestin, or other female hormones for menopause?

YES	1 GO TO J11.
NO	2
DK	9 GO TO J11.

**IF NO:**

J10. How old were you when you last took estrogen, progestin, or other female hormones for menopause?

AGE

J11. For how many years in total have you taken estrogen, progestin, or other female hormones for menopause?

IF LESS THAN 1 YEAR: CODE 0

YEARS

J12. Have you ever taken any of the following drugs or medications?

	Tamoxifen	Raloxifene
	YES 1 NO 2 (GO TO RALOXIF.) DK 9	YES 1 NO 2 GO TO K1. DK 9 GO TO K1.
J13. How old were you when you <u>first</u> took (DRUG)?		
J14. Are you currently taking (DRUG)?  <u>IF NO:</u>	YES 1 GO TO J16. NO 2 DK 9 GO TO J16.	YES 1 GO TO J16. NO 2 DK 9 GO TO J16.
J15. How old were you when you <u>last</u> took (DRUG)?		
J16. For how many years in total have you taken (DRUG)?		
	YEARS	YEARS
	IF LESS THAN 1 YEAR.	IF LESS THAN 1 YEAR.

## SECTION K. RADIATION EXPOSURE

Now I have some questions about x-ray examinations and radiation treatments.

First I will ask you about x-ray examinations in the chest area. Please do not include mammograms.

K1. Have you ever had any of the following types of x-ray examinations?			<u>IF YES:</u>	K3. In total, how many times have you had this type of x-ray examination?
X-ray examinations for heart catheterization	YES	1 →		
	NO	2		
	DK	9		
X-ray examinations for scoliosis	YES	1 →		
	NO	2		
	DK	9		
Other intensive x-ray examinations of the chest area (SPECIFY) _____ _____	YES	1 →		
	NO	2		
	DK	9		

--	--	--	--

The next questions are about x-ray examinations in the lower abdomen or pelvis.

K4. Have you ever had any of the following types of x-ray examinations?		<b>IF YES:</b>  K5. How old were you when you <u>first</u> had this type of x-ray examination?	K6. In total, how many times have you had this type of x-ray examination?
Barium examination of the lower bowel	YES 1 → NO 2 DK 9		
		AGE	
CT scan or x-ray examinations of the lower spine or pelvis	YES 1 → NO 2 DK 9		
		AGE	
Other intensive x-ray examinations of the lower abdomen or pelvis <b>(SPECIFY)</b> _____ _____ _____	YES 1 → NO 2 DK 9		
		AGE	

Now I have some questions about radiation treatments that included the chest area. Please do not include radiation treatments you may have received for the treatment of breast cancer.

K7. Have you ever been treated with radiation for any of the following conditions?		IF YES:	K8. How old were you when you were <u>first</u> treated with radiation for this condition?	K9. In total, how many times have you been treated with radiation for this condition?
Tuberculosis	YES	1 →		
	NO	2		
	DK	9		
			AGE	
Cancer	YES	1 →		
	NO	2		
	DK	9		
			AGE	
Acne	YES	1 →		
	NO	2		
	DK	9		
			AGE	
Mastitis	YES	1 →		
	NO	2		
	DK	9		

		AGE	
Enlarged thymus gland	YES NO DK	1 → 2 9	
		AGE	
Hemangioma	YES NO DK	1 → 2 9	
		AGE	
Other conditions in the chest area (SPECIFY) _____ _____	YES NO DK	1 → 2 9	
		AGE	

The next questions are about radiation treatments that included the lower abdomen or pelvis.

K10. Have you ever been treated with radiation for any of the following conditions?		IF YES:	K11. How old were you when you were <u>first</u> treated with radiation for this condition?	K12. In total, how many times have you been treated with radiation for this condition?
Cancer	YES	1 →		
	NO	2		
	DK	9		
			AGE	
Bleeding from the uterus or womb	YES	1 →		
	NO	2		
	DK	9		
			AGE	
Growth on the uterus or womb	YES	1 →		
	NO	2		
	DK	9		
			AGE	
Other conditions in the lower abdomen or pelvis (SPECIFY) _____	YES	1 →		
	NO	2		
	DK	9		

		AGE	

## SECTION L. PHYSICAL ACTIVITY

The following questions are about your physical activity at various times in your life. I will ask about strenuous exercise and moderate exercise separately. To answer these questions, please estimate the average amount of time each week and the average number of months each year that you spent exercising.

First I'll ask you about strenuous exercise activities or sports, such as swimming laps, aerobics, calisthenics, running, jogging, basketball, cycling on hills, or racquetball.

	L1. When you were between <b>(AGE RANGE)</b> , how many hours a week on average did you do <u>strenuous</u> exercise? <b>(SHOW CARD G)</b>	L2. How many months a year on average did you do <u>strenuous</u> exercise? <b>(SHOW CARD H)</b>
12 and 17 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
18 and 24 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
25 and 34 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	L1. When you were between <b>(AGE RANGE)</b> , how many hours a week on average did you do <u>strenuous</u> exercise? <b>(SHOW CARD G)</b>	L2. How many months a year on average did you do <u>strenuous</u> exercise? <b>(SHOW CARD H)</b>
35 and 44 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
45 and 54 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
55 years or older	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	L3. In the past 3 years, how many hours a week on average did you do <u>strenuous</u> exercise? (SHOW CARD G)	L4. How many months a year on average did you do <u>strenuous</u> exercise? (SHOW CARD H)
past 3 years	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

Now I will ask you about moderate exercise activities or sports, such as brisk walking, golf, volleyball, cycling on level streets, recreational tennis, or softball.

	L5. When you were between <b>(AGE RANGE)</b> , how many hours a week on average did you do <u>moderate</u> exercise? <b>(SHOW CARD I)</b>	L6. How many months a year on average did you do <u>moderate</u> exercise? <b>(SHOW CARD J)</b>
12 and 17 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
18 and 24 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
25 and 34 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	L5. When you were between <b>(AGE RANGE)</b> , how many hours a week on average did you do <u>moderate</u> exercise? <b>(SHOW CARD I)</b>	L6. How many months a year on average did you do <u>moderate</u> exercise? <b>(SHOW CARD J)</b>
35 and 44 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK
45 and 54 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
55 years or older	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	L7. In the past 3 years, how many hours a week on average did you do <u>moderate</u> exercise? (SHOW CARD I)	L8. How many months a year on average did you do <u>moderate</u> exercise? (SHOW CARD J)
past 3 years	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

## SECTION M. TWIN STATUS AND CANCER TRIALS

The next few questions will complete this interview.

M1. Are you a twin?

YES  
NO

1  
2 GO TO M3.

### IF YES:

M2. Non-identical twins are no more alike physically than ordinary brothers and sisters. Genetically identical twins, on the other hand, have a strong resemblance to each other in height, coloring, features of the face, etc. They look so much alike that people often mistake one for the other, especially during their childhood.

Do you think you and your twin are identical?

YES  
NO  
DK

1  
2  
9

M3. Are you, or have you ever been, a participant in a cancer prevention trial?

YES  
NO

1  
2 GO TO M5.

### IF YES:

M4. What kind of cancer prevention trial was it?

Tamoxifen Trial  
Dietary Trial  
OTHER (SPECIFY) \_\_\_\_\_

1  
2  
3

\_\_\_\_\_

DK

9

### IF YES TO TAMOXIFEN TRIAL:

M4a. What month and year did you start the tamoxifen trial?

\_\_\_\_ month \_\_\_\_ year

M4b. What month and year did you stop the tamoxifen trial?

\_\_\_\_ month \_\_\_\_ year

M4c. Were you given Tamoxifen or a placebo drug?

TAMOXIFEN 1  
PLACEBO 2

M5. Are you participating in other research studies of familial cancer?

YES	1
NO	2 END
DK	9 END

**IF YES:**

M6. What study of familial cancer is that?

(SPECIFY) \_\_\_\_\_  
\_\_\_\_\_

**END:** Thank you very much for taking the time to complete this interview.

**TIME** INTERVIEW COMPLETED:

AM	1	
HR	MIN PM	2

## INTERVIEWER ASSESSMENT

### 1. PARTICIPANT'S COOPERATION WAS

VERY GOOD	1
GOOD	2
FAIR	3
POOR	4

### 2. THE OVERALL QUALITY OF THIS INTERVIEW IS

HIGH QUALITY	1
GENERALLY RELIABLE	2
QUESTIONABLE	3
UNSATISFACTORY	4

### 3. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW

YES	1
NO	2

#### **IF YES:**

DESCRIBE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_